

INTERVIEWER: This interview is between Kathy Graves Ferrell and myself, Laura Madden. Today is Monday, June 27th, and we are meeting in Kathy's home and we're discussing her memories surrounding her time as a student at Georgia Baptist Hospital School of Nursing in Atlanta, Georgia. All right, so the first question is describe the thought process that went into your decision to become a nurse.

KATHY GRAVES FERRELL: I had always wanted to be a nurse or a hairdresser, but I had a wonderful, wonderful husband and wife physician team in Fayetteville, Georgia, who cared for my family forever, and my children, actually. They lived there forever and I happened to be the same age as their daughter, and so I was in their home a good bit. Dr. Helen Sams – everybody calls her Dr. Helen. She is no longer with us, but Dr. Helen, I think, had such an impact on my life – not only as my doctor, my friend's mother, my Girl Scout leader. She did so many things. I had so much admiration for Dr. Helen, I think that's why I wanted to go into nursing, because of her influence on me.

INTERVIEWER: That's great. It's always nice to have people like that in your life. So why did you choose to attend Georgia Baptist?

KATHY GRAVES FERRELL: Well, number one, it was close. Mother and Daddy didn't have a lot of money, like a lot of people who had come through the Depression. And I had never lived outside of my little small town, Fayetteville Georgia, which is about thirty miles south of Atlanta. And I had actually gotten asked to apply for a scholarship at Vanderbilt, to come to Vanderbilt, but I was such a small town girl, and I had just never been anywhere. I just absolutely did not have the guts here to try to come to, of all places, where I now live, to Nashville, to school. So my choices primarily, at that time, were Piedmont (Hospital) School of Nursing or Georgia Baptist (Hospital) School of Nursing. Well I was a Baptist and we as a family had contributed to Georgia Baptist, you know, every Christmas, for years and years. They had a wonderful reputation. They had their own hospital. Quite frankly, I believe my tuition was maybe less than three hundred dollars for an entire semester, which was, you know, such a blessing to Mom and Dad. Because you know it was either a scholarship or find something inexpensive. So it was just the right fit for me. It was close to home and it was the right price, and they had a great reputation.

INTERVIEWER: So what other programs – or did you consider any other programs maybe like baccalaureate programs. You said Vanderbilt was a baccalaureate program at the time.

KATHY GRAVES FERRELL: You know, it was a baccalaureate program, and I think it may have been one of the few baccalaureate nursing programs in '69 when I was making

that decision. There were not many. I'm trying to think if Medical College of Georgia might have had one. I'm not sure about that. But again – it was expense and it was leaving home, going far away from home, and I just wasn't ready for that. So I did not go to a four year program. Of course, at that time very few nurses were going through four year programs. At that time I don't even know if there was a differentiation between, you know, your programs and the jobs that you got, the salaries that you were awarded, and things like that. It just had not been the big deal, it has become required now. It just wasn't so then. When you became a nurse you were considered – you were going to be a bedside nurse. That's what it meant. There weren't as many jobs for nursing, nurses in other areas, other fields or nursing, and so, you know, my idea of a nurse was a bedside nurse. Where you're going to get the best education is in a school of nursing with their own hospital where you do bedside nursing, you know, every day. That was just my choice.

INTERVIEWER: So tell me, how were your classes and clinical experiences structured while you were at Georgia Baptist?

KATHY GRAVES FERRELL: For the first month, you were in class. I mean, for the first quarter. You know, we were in quarters and we went four quarters, year round. So for the first quarter, you were in a classroom setting the entire quarter. I believe at the end of the quarter – and I was trying to think, we were taking fundamentals and I think we were taking core classes, like an English and maybe we were doing our Chemistry. I can't remember exactly what all we might have been taking but most of it was core classes and a fundamentals class. I believe toward the end of that first quarter you went to the hospital one time, and that was to interview a patient, and to learn to establish rapport, which you never hear the word any more. That was a big word, that you learned to establish rapport with the patient. So we went in one evening after class and of course the patients had been selected. Scared to death to walk in a room and introduce yourself as a student nurse, and to begin to have a conversation with them just to get over the fright of entering a patient's room and talking to them. So that was the first thing that we did, and then, I believe as we went into the second quarter, and some in the third quarter, we probably went into, um, the hospital maybe two half days. I'm trying to think if that was it. It seems like we went in two half days maybe, um, the rest of the quarters, and we did. And it was after you'd finished your clinical nursing. Maybe you'd learned to give baths or you'd already made the beds or you'd done a.m. care or I think at one time we went in to only give back rubs at night, because we gave backrubs then, with p.m. care. And I believe after we had done that, then, you know, we would follow up whatever we had done in fundamentals – whether it was taking vitals or it was giving back rubs or whether it was making beds. Then, we would go in and progressively, you know we would go and do p.m. care, or we would work several hours at night, during the afternoons, after class. We did that until we got to the point where we were

going into um, classroom four days a week and then we – toward the end of that first year, I believe – we were on assignment one day a week. We went into the hospital one day a week and worked a seven to three shift. So we gradually got our hours in of course, then we got more and more hours and we were in the classroom less, and on the floor more days until, you know, as a senior you were on, probably in the hospital four days and you were in class only one. We built it up to where you were in the classroom less and less, and we were primarily on the floor, getting most of our instruction. We'd gotten most of our core curriculum and gotten out of the way your fundamentals, and so you may be going through Peds or you may be going through a certain rotation, and you worked on the floor maybe three days in that rotation. You were in the classroom setting maybe two days. You would go and reinforce what you were learning, as you were learning it. It's a great way to be educated. It really was.

INTERVIEWER: I think by the time I was there every semester, except for that first semester, you had class on Monday and on Friday and clinical Tuesday, Wednesday, and Thursday. Even the senior year it was that way. It's evolved over the years.

KATHY GRAVES FERRELL: Oh yeah. The schedule changed all the time, and I remember being in clinical. I can remember going to the classroom of course, but I can remember being in clinical a lot. Of course, that's what I loved, so you know, that was a good fit for me.

INTERVIEWER: Tell about where did you do your clinical? Were most of them at Georgia Baptist?

KATHY GRAVES FERRELL: Most all were at Georgia Baptist. We did go to Grady for Pediatrics. We didn't have many Peds patients, of course. In order to see sickle cell children and so many diseases processes in children like we went to Grady, which was a frightening experience, but a real good one. But Grady in the sixties and seventies was not the safest place to be in Atlanta. But anyway, it was huge but it was really good and we did get to see and participate in things that we didn't do at Baptist. Also, we did dialysis, we did our dialysis training at Grady. We had been going down to the state mental hospital in Milledgeville to do all the Psych training until the semester I got there. Then we changed that and we went to outpatient facilities around Atlanta. It was just day therapy and outpatient facilities. And we did it there. I'm not sure that the training was the same or as good as having gone to Milledgeville, but I sure did like it better. I didn't want to have to go to Milledgeville and do my Psych training. So it was nice to be able to stay at home and go to the day facilities. So that's the only places that we went, I believe.

INTERVIEWER: You did labor and delivery at Georgia Baptist as well.

KATHY GRAVES FERRELL: We did. I can remember some of my great OB (obstetrics) physicians that were there at the time. You know at that time, I'll tell this story. At that time, women were still coming off the elevator saying knock me out, knock me out. I don't want to know anything. Where's my medicine? Knock me out. We were giving them anesthesia and putting them out. They were unconscious for their delivery. So we had one particular physician, Dr. Kay Len, who just loved the students, and I was so fortunate to spend a lot of time with her. She made sure every one of us delivered a baby. She'd say, "Have you delivered your yet?" And I'd say, "No not yet." And she'd say, "This one's yours." You know, and she would position me. She taught me exactly what to do. It was a thrill. The mothers didn't know that student nurses were delivering their babies, but let me tell you, Kay Len was breathing down my back. I knew exactly she was there if I needed her. We probably got to do a lot of things that students do not do today, in clinical practice.

INTERVIEWER: Oh, that's for sure. Do you feel like – how'd you, why do you think that was? Was it because there was such a close connection between the hospital and the school?

KATHY GRAVES FERRELL: You know the hospital relied on student nurses for a lot of their work. That's just the bottom line, is they depended on us. We depended on them for our education. The hospital loved having us. It was extra staffing. The clinical instructors were on the floor with us. They trusted the clinical instructors, to be on top of everything and had to know anything that might go awry. There was a great relationship between the hospital and the students, the point where the hospital on weekends, for students who didn't go home, the hospitals would always come begging the students to work. You know, a lot of students made money on the weekends. Not much, but they made some money on the weekends, going over and working in the hospital. Of course they had to work at the level of a nursing assistant, but at the same time, they were trained. They were knowledgeable – more knowledgeable than their other nursing assistants, and they loved having students to work over there.

INTERVIEWER: Did you work on the weekends?

KATHY GRAVES FERRELL: I did work on the weekends sometimes, you know, and there were times when there would be snowstorms and people could not get in. The employers could not get to work. The students were right there in the dorm and we would go and staff the hospital during those times when they were so understaffed, because of weather and stuff. They relied on us and we relied on them. It was a great, great relationship.

INTERVIEWER: Talk about the hierarchy among the students at Georgia Baptist. There were three years, right, freshmen, juniors, seniors.

KATHY GRAVES FERRELL: You were either a freshmen, Junior, or Senior. There was no sophomore year. I think it was done in the summertime, but anyway . . . when I went in, it was still when you had a Big Sister. As a freshman, I was selected by a Big Sister to be her Little Sister. And her responsibility to me was to try to make me feel comfortable, and have somebody that I could come to, to ask questions. I really didn't spend a great deal of time with her. It didn't happen that way most of the time. The seniors certainly were on clinical rotations so much of their time. Of course we had different schedules and we would see each other and maybe eat lunch together some, or – but they were there to make us feel comfortable and to know that we always had somebody we could always go to. The seniors would choose their Little Sister. I don't know how they made that decision. Who knows?

INTERVIEWER: Did everybody have a Big Sister?

KATHY GRAVES FERRELL: I don't know if everybody had a Big Sister. I hope so. I hope there weren't freshmen who thought that they were not chosen, for whatever reason. I do not know because I know attrition would happen and you would probably have more freshmen students than you have senior students. I don't know that everybody was chosen.

INTERVIEWER: Talk about the difference. How did you know somebody was a freshman, junior, senior?

KATHY GRAVES FERRELL: Well, we loved our caps and you knew if you were a freshman or a junior or a senior by your cap. And, um, the caps were all the same but the caps were designated for different years. As freshmen you had a little plain white cap. When you were a junior, we had two blue stripes that were put on the cap's corners diagonally. That indicated that you were a junior. And then as you became a senior, you got one black stripe – that, um, how did we put it on there – went across the entire crown of the cap, so that it was very visible. Of course the hospital personnel, all of the head nurses, they knew who you were by your cap. And other students knew what year that you were by the cap that you wore. Then when you graduated you had a big deal about pulling that stripe off your cap and going back to the plain cap again.

INTERVIEWER: That was at graduation.

KATHY GRAVES FERRELL: That was at graduation.

INTERVIEWER: Talk about the responsibility. Did you feel more responsibility as you progressed through the program, from freshman to junior to senior?

KATHY GRAVES FERRELL: Certainly. The higher your education - the further along your education, the more advanced your responsibilities were. You know as a freshman you would never be asked to – you weren't working in ICU (intensive care unit), for one thing. That was a unit you did not go into. You were not ready for an ICU. You were primarily doing, as a freshman you were primarily doing a.m. care, medications, you may during that year. I'm not even sure if we were dropping NG (nasogastric) tubes or not, and so you might insert a urinary catheter. You might drop an NG tube, but it was, you know, feeding patients and doing those types of care. As you got into your junior year, of course you were in rotations. You were not just doing basic nursing. You were in Peds (pediatrics) you were in OB (obstetrics), and of course with those came special skills. I'm trying to think of what – and, um, I think we even – no we did that as a senior . . . I'm trying to think what we might have been doing but whatever the skills may be required in that particular discipline of medicine, you would be required to do that. So if you were an OB you were certainly assisting with prenatal. You were observing, at least, the deliveries. You were helping with wounds. You were cleaning wounds. You were dressing wounds. On a surgical unit, of course, you were doing all kind of care of wounds, and giving a lot of pain medications, and “turn cough and deep breathe” and all the basic things that you would do. But I think as a senior maybe the first time that we may have been in units such as dialysis, um, where again . . . Things were so different. There were not, the equipment was not as sophisticated as now. I can remember when you were in dialysis, you were watching and counting the seconds as the air bubble goes through. I mean this is just kind of the basic things that you were doing. We didn't have pumps for IVs (intravenous lines), so we were responsible for pumps and you stood there with your second on your watch and you were counting the drops that were coming into the chamber and using a stopcock to speed it up or slow it up, there was no pushing a button. You were doing things so manually, whether it was taking a dirty bedpan, you put it in a sack and you carried it down the hall. You went into the hopper and you cleaned it out and you sterilized it, put it back in its sack and you brought it back to the patient's room. You know, things have been mechanized and the technology is tremendous. As we did grow in our knowledge and we did go into ICU. I can remember assisting – you know we'd already been through OR (operating room) and so we were, you know, assisting with trachs. I can remember assisting a physician, um, for someone who went into respiratory distress, we had to put a trach in one day. I can remember that I assisted him to insert the trach. The instructors were there but you were supposed to step right up and assist him in whatever he did. They stayed out of the way and he told you what to do. I can remember doing bone biopsies with physicians. I can remember doing, you know, whether we were dropping tubes or inserting chest tubes. Or whatever we were doing we were responsible for knowing what the physician was doing, anticipating his needs, and assisting him with those things. Very interesting.

INTERVIEWER: It was. Describe how the instructors at Georgia Baptist facilitated your acquisition of nursing knowledge and skills.

KATHY GRAVES FERRELL: Well, we didn't have any without the instructors. They were incredible. It took so much work for them to do this and the time that you're going through your nursing career you don't think about how much work that they were doing. They just didn't show up on the floor with you the next morning at 6:45. They had gone in prior to our being assigned and selected the patients based on what their conditions were, what their procedures and treatments were, so that we got the best learning opportunities. The sicker the patient probably the better - the instructors like them because they gave us so many opportunities. But they were very careful to select the patients for you, for when you were ready for that particular patient. And they guided, um, you know, you into what the patient's needs were, and how to meet those needs. So they went and selected the patients and then of course before we went on the floor the next day we would go to the hospital that afternoon, find out who our patient was, take our notecards, write down every medication that they were taking so we could look up every medication and make our med cards so that we knew exactly what they were taking, why they were taking, when they were taking, what the adverse reactions could be so that we could be monitoring for any adverse reactions, what we hoped the outcome would be, what we anticipated the medication would do for the patient. Um, we would look up any treatments. We would write care plans for them. We would plan their care for the next day, and implement that plan of care, which we didn't know at that time was the nursing process. I don't even know that the nursing process was a term, but believe me, from day one, you performed the nursing process. You did an assessment, and you did determine what their needs were – a nursing diagnosis, whether it be pain, or whether it be malnutrition – whatever it would be. And you did come back and write a care plan, and say this is how I'm going to meet that patient's needs for relief of his pain, or this is how I'm going to feed him this soft diet that gives him the nutrition that he needs. So we did the nursing process, we just didn't know we were doing the nursing process. They had gone and selected really, really important patients for us so we got the best learning.

And I can remember, in special cases, when I was in my Peds rotation we did do some of our pediatric rotation at Baptist, in addition to going to Grady to pick up conditions that we wouldn't see, but I can remember as a junior, and I was in a Peds rotation, we had an eight year old little boy who had sarcoma. And he had already lost his arm. He was a unilateral amputee, and it had come back, and it was a growth on the side of his throat. And not only did they care about the students but they cared about the patients. And it was determined, this child that had sarcoma was named xxxxxx. I'm 65 years old and I still remember (him). I can picture him in my mind. And how I loved that child. But it was determined that (he) didn't have long to live, and so I'm

very grateful that they entrusted his care to me, but they determined that on the seven to three shift, I was going to take care of him until his death. Another excellent nurse was assigned to take care of him on the three to eleven shift. And so (he) would see the same nurses every day, for some continuity. He'd see Kathy in the morning and he would see Terry in the afternoon. That was important he had continuity of care. We knew what his needs were. We knew what his pain was, when it was painful. When he had his bed change he was not strong enough, even at eight, to even hold himself up, and we would have two nurses, would come in, and I would hold (him), as an infant, in my arms, with his oxygen. I would hold him in my lap while somebody else changed his bed and then we would put him back to bed. But you know, it was important for him to have that relationship with me, and with Terry in the afternoon, so that not only did he have a nurse coming, but he had a friend coming. And I think that's so important that the clinical instructors had in their mind that this was important for (him) – not necessarily that it was a great experience for Kathy or Terry, but that it was an important thing for (him). And his parents knew that they had the same people every day, and then they knew the child and they knew what to expect and they knew when he was getting worse. We knew when he needed something. We knew when he wouldn't eat. I'd go make his milkshakes and whatever we could do to get him to eat so, you know, the clinical instructors put a lot of thought into all of this.

INTERVIEWER: It sounds like it was an important even for you too, though, because you still remember it.

KATHY GRAVES FERRELL: Extremely important event. Very careful. We were going through Peds and we had studied Dr. Kubler-Ross and we knew how children thought about death, and some of the fears, and what they'd been seeing on TV and how they had fears and stuff. And you know, we wanted, my instructor and I, wanted people to talk to (him) about death, and if he was afraid and his parents would not let us. But – God being God – we had taken (him), we had cleaned him up and gotten his bath and were putting him back to bed one day, and if course I had been holding him in my lap and went back to put him in bed, and by God's grace, (he) looked at me and he said I'm not afraid any more. I'd never mentioned to him death, and I'd never mentioned if he was afraid of death or whatever, but that was on my heart and that was something that was important to me, and God let this child tell me that he wasn't afraid. So it was a very significant event in my life that I won't forget. That's because of the preparation that had gone into both caring for him and for providing me an education that was important.

INTERVIEWER: How many weeks did you care for him?

KATHY GRAVES FERRELL: Two weeks. It was two weeks and of course they knew that and of course they knew I had become very attached to him, fallen in love with my

little child. And, um, I walked in and – I was married during my junior year and I walked into my apartment after getting off from work and the phone rang and it was the nurses on the floor saying, “Kathy we knew you wanted to know right after you left, (he) died.” Again, that just said, and again those were the nurses on the floor who, again, gave student nurses respect, and knew the relationships that we formed, and wanted to let us know, if something happened. It was a great relationship. It was a strong, strong bond.

INTERVIEWER: That was a wonderful story. Do you or any of the clinical or classroom instructors – they probably were one and the same – do any of them stand out to you?

KATHY GRAVES FERRELL: Well you know, I can’t remember everybody’s name, and I wish I had looked in my yearbook to get everybody’s name. Of course I remember Dr. Gunby. She was a great fundamentals instructor and she made you fearless when you were scared to death.

INTERVIEWER: How did she do that?

KATHY GRAVES FERRELL: Her approach was not one of threatening or intimidation. It was one of encouragement. You were prepared. You know, you can do this. Just encouragement and a soft strength. And the approachability – we could go to her if we had a question or if we didn’t know what to do, or if we didn’t think something looked right. We took care of diabetics as freshmen. You know, I can remember you know – you have diabetics and they’re having hypoglycemic attacks and you know, you think you want to give them some orange juice with sugar, but you want to make sure, and you’re not sure that they can swallow really good at this point. You’re not sure if you really are supposed to put something in their mouth because you’re not sure they can swallow, and so you know, so it was never one of fear to go ask her anything.

Um, I can remember my senior instructor being – man, and I wish I could remember her name, because as a senior, when I got into my last nursing course, something happened and it all made sense. It was like the circle had been connected and everything made sense. As a senior, I’m sitting there in Advanced Nursing and I’m thinking well, my gosh, it does make sense. All of it – everything that I learned – all those little pieces of the puzzle came together and when I was in her class it all made sense. There was a completed puzzle that I looked at, and I was always astonished and thought that she was one incredible instructor because she knew how to tie all the loose ends together. And I was amazed at what I had learned, and didn’t know what all I had to learn. But you know, under her instruction, I saw all the pieces come together and I had learned so much more than I thought I had.

So I had some really great instructors. I had really great instructors both from Mercer. I can remember Dr. Parker who was my – his wife Mrs. Parker and Mr. Parker both were instructors. Mr. Parker I believe taught me chemistry, didn't he? Or was it a Biology?

INTERVIEWER: They were not there when I was there, but I know of them.

KATHY GRAVES FERRELL: Yes, they were both great instructors. They were great. I think he did Chemistry, or he did a Biology. I can't remember.

INTERVIEWER: He wasn't pharmacology, was he? Or was that somebody else?

KATHY GRAVES FERRELL: I don't know if he was pharmacology. I can't remember. I do remember him being an excellent instructor. He and his wife were both really good instructors. I can remember we had an English instructor from Mercer who was very, very good. I had her as a freshman. She was young and she was very, very good also.

INTERVIEWER: Was that Ms. Mitchell? Were they from Tift, or –

KATHY GRAVES FERRELL: The Parkers were from Tift – you're right. Dr. and Mrs. Parker were from Tift.

INTERVIEWER: When I was there we still did the Tift classes. The only Mercer instructor – and of course there was no merger with Mercer –

KATHY GRAVES FERRELL: Right, then...

INTERVIEWER: - was the pharmacy school across the street, so that our pharmacology teacher was from Mercer.

KATHY GRAVES FERRELL: You may be correct. I do remember, yes, you're right. It was Tift and the Parkers were from Tift. I can remember that. They were very good. We had great... Ms. Brown, my gosh, I remember Mrs. Brown. She was great. A great clinical instructor. Can't remember her first name.

INTERVIEWER: What made her such a great clinical instructor?

KATHY GRAVES FERRELL: She had a good sense of humor. I can just see her – picture her, up on a stool, maybe in a supply room, hanging out, waiting for us to come in and ask questions or go over the medications . . . to start pulling medications, talking about the medications. Our instructors were not intimidating. They didn't intend to intimidate us. Now if

you didn't come with a clean uniform and clean shoes – if you didn't look right, you didn't have your pins on, you didn't have everything right, you would get sent back until you could come back and be presentable. But it was not one of threatening . . . They were all very approachable and they loved teaching, and it came through that they loved students and they loved teaching. And they got excited when you lit up and you got to do something for the first time, and you learned something for the first time. You know they were as proud of you as you were of yourself the first time you performed a procedure by yourself and it was done well, and the patient suffered no, you know, no bad outcome, or whatever it might be. I can remember Mrs. Brown standing over me, watching me catheterize a female patient one time, and just general, "That's right, don't forget what you're going to do." You know and she was just . . . she was a safety cord.

INTERVIEWER: Absolutely. What events do you remember occurring while you were in school at Georgia Baptist that helped to make you a better nurse? It sounds like the pediatric patient was probably one of them, but were there others?

KATHY GRAVES FERRELL: Yeah, there were. There was your first dead patient. That was significant. You certainly learned what Cheyne Stokes breathing was and you. Lots of significant things that could happen. I'm trying to think of that in particular. I mean we had both good and bad. You had some situations that occurred that were not the best outcomes. I don't remember making errors, but I do remember, um, a classmate of mine making an error in giving morphine to a child. Again, so much happened and I'm talking about doing so much Peds work at Grady but all of my experiences that I remember were at Baptist. She overdosed a child on morphine one night. You know, you're learning the difference between adult dosages and pediatric dosages. I can remember just being so afraid, of course. We were prepared to support that child's respirations, but I mean, we were in there counting respirations every minute, you know. We were happy when we would get five respirations a minute. Of course we didn't have little pulse oxes to slip on somebody's finger. I can remember it being really, really tense and feeling it was so bad, for that student who had, you know . . . and I'm not sure how that happened, you know, having instructors, but there was an overdose and I can remember that. But most of the experiences were just very, very good experiences. I'm not sure that I answered your question adequately.

INTERVIEWER: No that's okay. You obviously remembered it, because it made an impression on you. You didn't have Narcan back in those days.

KATHY GRAVES FERRELL: You didn't have Narcan. All you could do was wait for those hours and encourage that child to breathe and try to, you know, stimulate it the best you could. He did survive and we never had to tube him or anything, but it was a tense night and I

just felt so. I'm not sure what that does to your spirit if that happens, as a student. How do you overcome that negative experience so that you get the courage and . . . you just feel like you can go and do it again? I'm not sure how you overcome that. She must have been really strong to get her . . . um. What am I trying to say? To get her courage back, to be able to go back and do it another day.

INTERVIEWER: Let's see. Describe any struggles that you encountered while you were at Georgia Baptist.

KATHY GRAVES FERRELL: It was hard. I guess the hardest – it was not an easy course at all. It was hard. My struggles were mostly wanting it to come particularly easy to me. I was capable, you know, but it took a lot of – I don't have a photographic memory but – so it took a lot of hard work. I can remember just thinking that it was hard. You know, I would be one that would stay up and study all night and then – not all night but you know until midnight or something and set the alarm at five and get up and go out in the hallway. We would get up and take our stuff and get in the hallway and sit with our backs on the walls in the hallway and study at 5 a.m. you know, until you had to go take that exam. I can remember it being very, very hard. It challenged you, both when you were doing your clinical and entering clinical information and writing care plans and doing that correctly taking an exam. They were all very difficult. So I guess I struggled like anybody else that did that.

The other thing that I think I struggled with was entirely different. It wasn't academic. It was being somewhat closed up in the campus. You know, if you needed to get out and clear your head, there was nowhere to go, and I think that was very difficult for me. Living in a small town, I kind of came and went and did. You know, parents were not afraid of us being out by ourselves or riding our bikes for a long way, or you know, going to the school for, you know, whatever it might be. I'd played basketball. I'd done so many things in school that were outside of the academic, and so when I got to Baptist, the campus itself was confining, and that was – you know, you were either in the dorm, you walked through the tunnel to get to the hospital, you really were not outside much at all. You could walk to the gym. There's the gym that sat in the parking lot, that's surrounded by a chain link fence. You really could not get out, and that was hard for me. Of course, we didn't have cars, and we didn't have transportation to go to a park, or anywhere. Didn't have a lot of time to go and do anything, but I think that was the hardest thing, was not having outlets, not being able to go and walk in a park, or get out, and you know, just be outside for a while.

INTERVIEWER: So you, you said you got married, while you were at school there?

KATHY GRAVES FERRELL: I did.

INTERVIEWER: So you lived in the dorm when you first started?

KATHY GRAVES FERRELL: I first started my first year I was in the dorm, and then I married. At that time, there was only one other student that had married while they were at Georgia Baptist. Up until then, you weren't allowed to marry, and be at Baptist.

INTERVIEWER: So you were the second –

KATHY GRAVES FERRELL: So I was the second one, and it was kind of funny. We talked about my Big Sister. She had been the first one to marry. Didn't have anything to do with it, but anyway, I met my husband of now 45 years, and we, um, you know, we just wanted to go ahead and get married. I was young. We didn't have two nickels between us, but we wanted to do it, so . . . at that time I went to the Director of Nursing, who was Kathryn Ransbotham and I asked permission, not necessarily from my parents, of course I did, my parents, but I had to ask permission from Mrs. Ransbotham.

INTERVIEWER: So you had to get permission?

KATHY GRAVES FERRELL: I got permission to get married and to continue to go to school. Of course, she gave it to me, you know. There was not really any real threat, but I did have to go to her and explain that I wanted to get married, and that I did intend to. I did leave the school for, um, three quarters, while my husband finished his senior year at the University of Georgia. So then I came back, and I was not in my original class. So I started with the class of '69 and I ended with the class of '73. So I changed classes. I married and then I was allowed to drive in and out every day.

INTERVIEWER: Talk about the difference, like the learning environment difference between living in the dorm and living off campus.

KATHY GRAVES FERRELL: You know, I don't know that it was particularly different for me. I studied hard all the time. Instead of studying hard at the dorm, I studied hard at home in the apartment. I really don't know that – it didn't make that much difference, to me. I had more freedom, and it probably kept my mind more cleared, and kept me from feeling kind of closed in, but, um, you know, I studied hard all through school, no matter where I was. I was not one to go and study in the library. Of course, the library didn't stay open at night. You know so you could either go down into the lobby somewhere, you could get in a quiet place, you know, somewhere in the dorm – I can't even remember where – oh sometimes the clinical rooms were left open. The library was not left unlocked, but the clinical rooms were left open during the

night, I think, and you could go into the classrooms and the clinical lab rooms, and you could go in the classrooms if you wanted to sit in a classroom and study but . . .

INTERVIEWER: They didn't have a room for the commuters, at that time?

KATHY GRAVES FERRELL: No.

INTERVIEWER: They did later on. They had a room for the commuters to hang out in.

KATHY GRAVES FERRELL: No, I was the commuter of one. There was no – I was the only one, and so there was really no need to do anything. So, you know, I just hung out, if there was any time between classes I would just be in somebody else's room, or I would stay in a classroom, or whatever it might be.

INTERVIEWER: That had to have been hard.

KATHY GRAVES FERRELL: I don't remember it as being hard, I do not remember that as being hard. I was just there.

INTERVIEWER: Tell me about your education and career after you graduated from Georgia Baptist.

KATHY GRAVES FERRELL: Well after I graduated from Georgia Baptist I had a child, when I was a senior.

INTERVIEWER: So were you the first to have a child while you were there?

KATHY GRAVES FERRELL: I think I was. I think I might have been the first to have a child while I was a student.

INTERVIEWER: That had to have been hard.

KATHY GRAVES FERRELL: Well that was hard. That was difficult. I only had one semester left, and it was Psych. After the baby was born, so I only had three months of no sleep. Thank goodness, good thing we didn't have to go to Milledgeville for Psych. That would've been difficult, to leave the baby. I couldn't have done that, so thank you Baptist. Um, yeah I had a child and so I . . . what did I do? I stayed at home for about a year, with her, and then I wanted to go back to work, and I loved OB. I really liked OB, and I went and took a job downtown, in Atlanta, with five OBGYNs. And I really enjoyed that. It was not a hospital job,

and I really was a hospital nurse. I was a bedside nurse, but I enjoyed the OB. I liked the OB part. And we had a younger, new partner at the time who, again, let us do a lot of things. I didn't get to go make rounds and stuff like that, but I did like our OB patients and I did a lot of patient teaching and things like that.

And um, let's see, then I left that and I taught a fundamentals of nursing class in a high school. It was called Health Occupations. It was not just fundamentals of nursing but it was encouraging students to go into a health career. I taught that because of having children. I wanted to be at home with them in the summertime and all that, so I taught in a high school for a while and quite frankly was really bored with it. But I did it, and it did allow me to be at home with the kids.

And then I left that and then I went back into the hospital environment, and worked for about three years in a hospital and was charge nurse or head nurse on a med-surg floor, which probably was where I should have been all along for ever and ever. It was the highlight of my career. I loved it. I loved being a head nurse. You got all the congestive heart, and you had all the diabetes, but they were my people. They were older people, and I have a heart for the elderly, and you know, they were just my people. Yes, we had the same nursing home patients to come, every two weeks. We had the frequent fliers. We'd always had to send them home before they were ever ready to go, and they got more care, and they were back in a couple of weeks. I loved that unit. I loved building that staff. I loved my staff. I was so fortunate. I had nurses that came out of the ICU (intensive care unit) to work with me on that unit.

INTERVIEWER:

That's great.

KATHY GRAVES FERRELL: We built a fabulous unit that was, you know, highly recognized as being a great unit to be on, and I loved it. I was very rewarded by the care we gave, the staff that I built, and the respect of the physicians, who apparently had not respected people on that particular unit in a long time. So, um, I kind of got to build a unit and I really, really enjoyed it. I loved it. And then we had to move. Then we got transferred from Atlanta to Birmingham. And because it was such an adjustment for my kids to move from home, and from their grandparents, and from everything they knew, I took a job in an insurance company, as a medical review nurse. I ended up being a manager over medical review and case management and pre-certification stuff. So I learned it, and I learned and I eventually had to assist in legal cases because we were getting sued for not agreeing to pay this or that and we'd make changes to contracts and people would want to sue us about that and then I ended up as a manager working with the legal department a lot. Then I fell in love with law. And that led me to stop that and become a legal nurse consultant, which I have done for sixteen years. I love it. I love being a legal nurse consultant. Its every case I get is a mystery, and it's a puzzle to unravel, and figure out what happened, why it happened, how it could have been avoided, why it should have been

avoided, to be proficient in standards of care, be able to testify in court, to write legal documents. I just love all about it. It's a very different . . . Nursing is so wide. I tell people there's so many avenues to go into in nursing. Look at all the different things I've done over the course of 47 years. It's all been different.

But I could not have done any of it had I not gotten a very, very good foundation in nursing. You know, I have to go back to stretch my brain to all my clinical experiences and put myself in and put myself into the shoes of a nurse and think about what might have been going on when this happened? How did you let this happen? What might have been going on? And, you know, I really try to put my feet in their shoes so that I can be objective about it and not looking at it from just a pure academic area. You really have to get into a nurse's head to understand what she might have been thinking, why she might have made that decision, or was she not thinking. Were there clear indications that she just ignored? You know, so I really, really enjoyed this work. I've been doing that for sixteen years and I think I'll hang on and do it for a little while longer.

INTERVIEWER: Did you ever go back to school?

KATHY GRAVES FERRELL: Oh I did. Oh I'm sorry. I missed that part of it. I missed that completely. Yes, while I was at the insurance company I was given the opportunity . . . As a manager, I needed a college education. All the other managers had degrees in business, or whatever, but whatever . . . so as nurses, a lot of us at that time did not have degrees. As long as we kept a B average they would pay for that education. Boy did I jump on that opportunity and I went back and I got my Bachelor's in Nursing, while I was working for the insurance company, and they paid my tuition, which was very good. I think now it's just a different world. And to be a professional, I think you need a professional education. I'm all for nurses having bachelor's degrees. I don't want them to become classroom nurses. I know that Georgia Baptist really strives not to become classroom nurses. And they really strive to give all the nurses a lot of clinical hours, which is so important because it's not see one do one, it's do one do one do one do one until you get proficient at it. And so many programs that I'm seeing nurses come out of now are see one do one maybe, or observe one maybe, and that's why I'm seeing so many errors in the cases that I'm working. These nurses do not have the clinical skills and critical thinking skills. You don't use a lot of your critical thinking skills unless you're at the bedside and you're having to think, and run through that nursing process. You're having to think, what is going on? You're having to put the pieces of the puzzle together right there, and make decisions on what to do about it. And there are a lot of errors that I see now, just lots of errors, just because they have no critical thinking skills.

INTERVIEWER: That's a very interesting perspective. I never thought about that.

KATHY GRAVES FERRELL: I'm torn on – I really think nurses are professionals. They need a professional education. But at the same time, our professional is not an academic profession. It's not a technical profession, at all. And it's got a lot of – um, what am I trying to say –

INTERVIEWER: You have to kind of put the pieces together, you have to know why...

KATHY GRAVES FERRELL: It's hands-on. It's a real, real hands-on profession in that, oh man, you're working with your hands but you're having to think constantly, to make the right decisions, to do the right things in the right order, in order to affect something. It's not something you can go back and correct later on, necessarily. You can't make a mistake and go back and figure it out a day later and go back in and correct it – I should've done this, or let me re-write that paper or let me, you know, re-compose whatever that might be. Its critical and its time critical. You have to be able to think quickly and make the right decision quickly. You have to use some really strong critical thinking skills that nurses are not getting because they're not in the situations – they're not put in those situations until they get into a job. And then they're put into jobs for which they're not prepared and they're making errors and patients are – there are a lot of medical errors now, and patients are being harmed. And I see really, really bad nursing care now in some of my legal cases. It's very upsetting that the skills – the clinical skills are not there and the critical thinking skills are not there. And I'm afraid they've been into a classroom and they read about it but they were never in the situations where they were in the process of performing a procedure and something went wrong, and you had to make a critical decision on what to do to correct it. Um, I'm just flabbergasted by what nurses don't know sometimes. [Pause]

INTERVIEWER: I know. It is hard. [Pause]. Let's talk about the seventies. The Vietnam War ended probably about the time you graduated. Then we had all the political scandals with Nixon and Agnew and then with Ford, and then we had Jimmy Carter who was from Georgia. There was so much inflation and the gas lines and – you remember all that?

KATHY GRAVES FERRELL: I do remember all that, and being afraid you'd run out of gas, driving to wherever. And I do remember all of those. I'm sure it impacted. I'm sure it impacted some nurses more than others. It did not impact me as much, I think as a lot of

KATHY GRAVES FERRELL: Well I can't think of anything. You know, I can talk about my experiences at Baptist forever, because I loved them. I will say this. For me and for so many women – and now men, and that is something that's very different than when I was there –

INTERVIEWER: Because it was all women.

KATHY GRAVES FERRELL: It was all women, but it's wonderful that men are in the profession, but it is amazing at the wide range of opportunities that you have now. Nursing has become so much more than bedside nursing. And we never want to get away from that, because that's what we are, by identity, is caring for those sick and injured and so that's what we're based on, but that education can carry you into so many different, different opportunities. And just look at me. I have not gone through a linear line. I mean I have tangent off of everywhere. I have done just about everything that you can think of with my nursing education, and yet none of it would have been possible without my nursing education. I would have never had any of the jobs that I've gotten, or been given the opportunities that I've gotten, without the education. It's extremely valuable.